

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy Number PWC700288393 Company CNA

- ☐ Certified copy is hereby furnished.
☒ Certified copy is filed with the county building inspection department.

Date 3/2/87 Applicant [Signature]

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____
 NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 484333 Lic. Class C36

Contractor [Signature] Date 3/2/87

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

SINGLE FAMILY

HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[Signature] 3/2/87
 Signature of Permittee Date

APPLICATION FOR PLUMBING PERMIT

76A667A
 CE 817 (REV. 10/81)

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

3213

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE		
	WATER CLOSET			145 S. Ditman Ave.	
	BATH TUB			Los Angeles	
	SHOWER			NEAREST CROSS ST. <u>1st St.</u>	
	LAVATORY			OWNER <u>Guerrero</u>	
	SINK			MAIL ADDRESS <u>145 S. Ditman</u>	
	DISHWASHER			CITY <u>Los Angeles</u> TEL. NO. <u>263-4810</u>	
	CLOTHES WASHER			CONTRACTOR <u>Verco Plumbing</u>	
	SWIMMING POOL RECEPTOR			ADDRESS <u>501 W. Maple Ave. Suite F</u>	
	LAWN SPRINKLER SYSTEM			CITY <u>Orange</u> TEL. NO. <u>771-7533</u>	
1	WATER HEATER	6.00	6.00	STATE LICENSE NO. <u>484333</u> LIC. CLASS <u>C36</u>	
	GAS SYSTEM OUTLETS			DISTRICT NO. <u>60</u> PROCESSED BY <u>[Signature]</u>	
	OUTLETS OVER 5 PER SYSTEM			FINAL DATE <u>Expired 3/24/94</u>	
				FINAL BY <u>[Signature]</u>	
				VALIDATION	
				NO RECORD OF INSPECTION	
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$				10.50	
TOTAL FEE				16.50	
Plan check applicant					
Name					
Address					
City Tel. No.					

OK 3187

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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